

Section 5 - TOPICAL MODULES

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1992. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1	Are the names of any businesses listed for ... on the control card? (cc item 43)	8000	1 <input type="checkbox"/> Yes - SKIP to 1b 2 <input type="checkbox"/> No
CHECK ITEM T2	Was an interview obtained for ... for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes - SKIP to Statement D, page 57 2 <input type="checkbox"/> No
1a. Did ... own and operate a business at any time during calendar year 1992?	Include farms.	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement D, page 57
ASK OR VERIFY -			
b. How many different businesses did ... own and operate during calendar year 1992?		8006	<div style="display: flex; align-items: center;"> <input style="width: 40px; border: 1px solid black;" type="text"/> Businesses OR x3 <input type="checkbox"/> None - SKIP to Statement D, page 57 </div>
ASK OR VERIFY -			
c. What were the names of the businesses that ... owned and operated during calendar year 1992? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)		<div style="display: flex;"> <div style="width: 45%;"> PGM 8 8008 Business name <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div> <div style="width: 45%;"> PGM 8 8058 Business name <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> </div> </div>	
CHECK ITEM T3	Transcribe ID number for this business from the control card (cc item 43). (Fill items T3-T9 for the first business listed, then fill items T3-T9 if a second business is listed.)	PGM 7 8010 <input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card	PGM 7 8060 <input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
CHECK ITEM T4	Has information about this business already been obtained in an interview for another household member?	8012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
		8062	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
FIELD REPRESENTATIVE INSTRUCTION:	Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.		
	<div style="display: flex; align-items: center;"> <div style="width: 45%;"> Name <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> Person number 8014 <input style="width: 40px; border: 1px solid black;" type="text"/> Business ID number 8016 <input style="width: 40px; border: 1px solid black;" type="text"/> OR x3 <input type="checkbox"/> Not listed on control card </div> <div style="width: 10%; text-align: center; font-size: small;"> SKIP to Check Item T9, page 56 </div> </div>		<div style="display: flex; align-items: center;"> <div style="width: 45%;"> Name <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> Person number 8064 <input style="width: 40px; border: 1px solid black;" type="text"/> Business ID number 8066 <input style="width: 40px; border: 1px solid black;" type="text"/> OR x1 <input type="checkbox"/> Not listed on control card </div> <div style="width: 10%; text-align: center; font-size: small;"> SKIP to Check Item T10, page 56 </div> </div>
ASK OR VERIFY -			
2a. What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?		8018	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation x1 <input type="checkbox"/> DK
		8068	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation x1 <input type="checkbox"/> DK
b. Was this business primarily located in ...'s own home or somewhere else?		8020	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else
		8070	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T5	Is "Sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No
2c. Were any other members of this household part owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	
d. Which other household members were owners?	Person No. 8108 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Person No. 8110 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	Person No. 8158 <input type="text"/> <input type="text"/> <input type="text"/> Name _____ Person No. 8160 <input type="text"/> <input type="text"/> <input type="text"/> Name _____	
e. Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No	
f. What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	
g. What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	
h. What were the gross RECEIPTS of this (business/practice) in 1992? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8118 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
i. What were the total EXPENSES of this (business/practice) in 1992? Please use records if they are available. ★ <i>Obtain estimate, if necessary.</i>	8120 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM T6	Is "DK" marked in either item 2h or 2i?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7
2j. If I were to call back later could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey)?	8124 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	
CHECK ITEM T7	Is "Sole proprietorship" marked in item 2a?	8126 1 <input type="checkbox"/> Yes - SKIP to Check Item T9 2 <input type="checkbox"/> No	8176 1 <input type="checkbox"/> Yes - SKIP to Check Item T10 2 <input type="checkbox"/> No

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2k. What was ...'s net income from this (business/practice) in 1992? Please use records if they are available. ★

Obtain estimate, if necessary.

l. If I were to call back later could you provide me with an estimate? (This information is especially important for the purposes of this survey.)

CHECK ITEM T8

Refer to item 2d. Were any other household members part owners of this business?

2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1992 from this (business/practice)?

n. What was the amount of net income that was received by (Read names of other household owners)?

Obtain estimate, if necessary.

CHECK ITEM T9

Is another business listed in item 1c?

CHECK ITEM T10

Is the number of businesses recorded in item 1b three or more?

3. What was ...'s net income from ...'s other businesses in 1992? Please use records if they are available.

NOTES

8202 \$. 00 } SKIP to Check Item T8
 x3 ☐ None
 x2 ☐ Ref.
 x1 ☐ DK

8204 x4 ☐ Lost money - Enter amount of loss in box - SKIP to Check Item T8

8206 1 ☐ Yes - Mark Callback Summary and Reminder Card, item 12
 2 ☐ No

8208 1 ☐ Yes
 2 ☐ No - SKIP to Check Item T9

8210 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to Check Item T9

Person No.
 8212
 8214 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

8216 x4 ☐ Lost money - Enter amount of loss in box

SECOND CO-OWNER

Person No.
 8218
 8220 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

8222 x4 ☐ Lost money - Enter amount of loss in box

8274 1 ☐ Yes - Complete Check Item T3 for next business
 2 ☐ No - SKIP to Statement D

8276 1 ☐ Yes
 2 ☐ No - SKIP to Statement D

8278 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

8280 x4 ☐ Lost money - Enter amount of loss in box

8252 \$. 00 } SKIP to Check Item T8
 x3 ☐ None
 x2 ☐ Ref.
 x1 ☐ DK

8254 x4 ☐ Lost money - Enter amount of loss in box - SKIP to Check Item T8

8256 1 ☐ Yes - Mark Callback Summary and Reminder Card, item 12
 2 ☐ No

8258 1 ☐ Yes
 2 ☐ No - SKIP to Check Item T10

8260 1 ☐ Yes
 2 ☐ No
 x1 ☐ DK } SKIP to Check Item T10

Person No.
 8262
 8264 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

8266 x4 ☐ Lost money - Enter amount of loss in box

SECOND CO-OWNER

Person No.
 8268
 8270 \$. 00
 x3 ☐ None
 x1 ☐ DK
 x2 ☐ Ref.

8272 x4 ☐ Lost money - Enter amount of loss in box

Go to Check Item T10

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

STATEMENT D The next few questions are about personal retirement plans.

4a. Does . . . have an Individual Retirement Account - an IRA - in . . . 's OWN name?
If . . . is only included in . . . 's (husband's/wife's) IRA accounts, mark the "No" box.

9330 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4h

b. Did . . . make any tax-deductible contributions to IRA accounts which applied to . . . 's 1992 tax return?
(Contributions which were deducted from gross income.)

9332 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4d

c. How much were . . . 's tax-deductible contributions to IRA accounts which applied to . . . 's 1992 tax return?
(Form 1040, line 24a)
(Form 1040A, line 15a)

9334 \$. 00
x1 ☐ DK
x2 ☐ Ref.

d. Did . . . make any withdrawals from . . . 's IRA accounts during 1992?
Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4f

e. How much did . . . withdraw from IRA accounts during 1992?

9338 \$. 00
x1 ☐ DK
x2 ☐ Ref.

f. Including ALL IRA accounts in . . . 's OWN name, how much did . . . 's IRA accounts earn during 1992?

9340 \$. 00
x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

g. What types of assets did . . . have in . . . 's IRA accounts?
Mark (X) all that apply.
Anything else?

9342 1 ☐ Certificates of deposit or other savings certificates
9344 2 ☐ Money market funds
9346 3 ☐ U.S. Government securities
9348 4 ☐ Municipal or corporate bonds
9350 5 ☐ U.S. Savings Bonds
9352 6 ☐ Stocks or mutual fund shares
9354 7 ☐ Other assets - Specify
9356 x1 ☐ DK

h. Does . . . have a Keogh account in . . . 's OWN name?

9358 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T11

i. Did . . . make any tax-deductible contributions to a Keogh account which applied to . . . 's 1992 tax return?

9360 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4k

j. How much were . . . 's tax-deductible contributions to Keogh accounts which applied to . . . 's 1992 tax return?
(Form 1040, line 27)

9362 \$. 00
x1 ☐ DK
x2 ☐ Ref.

k. Did . . . make any withdrawals from . . . 's Keogh accounts during 1992?

9364 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 4m

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

4l. How much did . . . withdraw from Keogh accounts during 1992?

9366

\$. 00

x1 ☐ DK
x2 ☐ Ref.

m. Including ALL Keogh accounts in . . .'s OWN name, how much did . . .'s Keogh accounts earn during 1992?

9368

\$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

n. What types of assets did . . . have in . . .'s Keogh accounts?

Mark (X) all that apply.

Anything else?

9370

1 ☐ Certificates of deposit or other savings certificates

9372

2 ☐ Money market funds

9374

3 ☐ U.S. Government securities

9376

4 ☐ Municipal or corporate bonds

9378

5 ☐ U.S. Savings Bonds

9380

6 ☐ Stocks or mutual fund shares

9382

7 ☐ Other assets - *Specify*

9384

x1 ☐ DK

**CHECK
ITEM T11**

Refer to cc item 42.

Are the names of any employers listed for . . . on the control card?

9385

1 ☐ Yes
2 ☐ No - *SKIP to Check Item T12*

4o. During 1992, did . . . participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

9386

1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to Check Item T12*

p. How much did . . . contribute to this plan during 1992?

9388

\$. 00

x3 ☐ None
x1 ☐ DK
x2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – TAXES

CHECK ITEM T12	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T19, page 61</i> 2 <input type="checkbox"/> No
	1a. Did . . . file a Federal income tax return for 1992? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9392	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T19, page 61</i>
	b. Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9394	1 <input type="checkbox"/> Yes – <i>Allow person time to get form</i> 2 <input type="checkbox"/> No
	2. What was . . . 's filing status on . . . 's 1992 Federal tax return? Did . . . file as – <i>Read categories – Mark (X) one.</i>	9396	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? X1 <input type="checkbox"/> DK
	3a. What were the total number of exemptions claimed on . . . 's tax return?	9398	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> Exemptions – <i>If "01" SKIP to 4</i> </div> X1 <input type="checkbox"/> DK
CHECK ITEM T13	Refer to cc item 20. Number of current household members.	9400	1 <input type="checkbox"/> One – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Two or more
	3b. Besides . . . which persons in this household did . . . claim as an exemption?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> </div>	<div style="display: flex; justify-content: space-between; font-size: small;"> Person No. Name </div> <div style="margin-top: 5px;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>
	ASK OR VERIFY – c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?	9414	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4</i>
	d. What was the relationship of this (these) person(s) to . . . ? <i>Record for two persons only.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <div style="text-align: center; font-size: small; margin-bottom: 5px;">FIRST DEPENDENT</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 48%;"> <div style="text-align: center; font-size: small; margin-bottom: 5px;">SECOND DEPENDENT</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> </div> <div style="width: 48%;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> </div> </div>
	4. Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ? (Form 1040 is blue) (Form 1040A is pink) (Form 1040EZ is green)	9420	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ X1 <input type="checkbox"/> DK
	5. I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1992 tax return.		
	(1) Schedule A, Itemized Deductions	9422	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
	(2) Schedule D, Capital Gains and Losses	9424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK

Section 5 - TOPICAL MODULES (Continued)

Part B - TAXES (Continued)

CHECK ITEM T14	Refer to item 1b. Does the respondent have a copy of ...'s Federal income tax form or a worksheet to refer to?	9428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a
CHECK ITEM T15	Refer to item 4. Is "Form 1040" marked?	9430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a
CHECK ITEM T16	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	9432	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6b
6a. How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1992? <i>(Schedule A, line 26)</i>		9434	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. - SKIP to Check Item T17</div>
b. On ...'s Form 1040, did ... (and ...'s husband/wife) claim -		<i>(Ask for each credit claimed.)</i> 6c. What was the amount of the (Read name of credit) claimed?	
(1) A child and dependent care expense credit <i>(Form 1040, line 41)</i>		9446	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> <div>9448 <div>\$ <input type="text"/> . <input type="text"/> 00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
(2) A credit for the elderly or the disabled <i>(Form 1040, line 42)</i>		9450	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div> <div>9452 <div>\$ <input type="text"/> . <input type="text"/> 00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM T17	Refer to item 5(2). Is "Schedule D, Capital Gains and Losses" marked "Yes"?	9458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a
7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1992? <i>(Form 1040, line 13)</i>		9460	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
		9461	x4 <input type="checkbox"/> Lost money - Enter amount of loss in box
8a. Adjusted gross income is total income less certain types of adjustments and exclusions. Please look at your tax return or worksheet. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1992? <i>(Form 1040, line 31)</i> <i>(Form 1040A, line 16)</i> <i>(Form 1040EZ, line 3)</i>		9462	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
		9463	<div>x4 <input type="checkbox"/> Lost money - Enter amount of loss in box</div> <div>} SKIP to 9a</div>
b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1992? <i>(Form 1040, line 53)</i> <i>(Form 1040A, line 27)</i> <i>(Form 1040EZ, line 7)</i>		9464	<div>\$ <input type="text"/> . <input type="text"/> 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>
CHECK ITEM T18	Refer to item 8a. What is the amount of adjusted gross income reported?	9466	1 <input type="checkbox"/> \$22,370 or more - SKIP to Check Item T19 2 <input type="checkbox"/> Less than \$22,370

Section 5 - TOPICAL MODULES (Continued)

Part B - TAXES (Continued)

9a. Did . . . claim an earned income credit on . . . 's Federal income tax return?

9472

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

SKIP to Check Item T19

b. What was the amount of earned income credit claimed?

(Form 1040, line 56)
(Form 1040A, line 28c)

9474

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

CHECK
ITEM T19

Refer to cc item 15.
Tenure of reference person.
Are . . . 's living quarters -

9486

- 1 ☐ Owned or being bought?
2 ☐ Rented for cash?
3 ☐ Occupied without cash payment?

SKIP to Statement E, page 62

CHECK
ITEM T20

Interview status of . . . 's spouse

9488

- 1 ☐ No spouse in household
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted -
SKIP to Statement E, page 62

10a. Did . . . pay any property taxes on . . . 's residence(s) in 1992?

9490

- 1 ☐ Yes
2 ☐ No - SKIP to Statement E, page 62

b. Did . . . pay these jointly with someone else living here?

9492

- 1 ☐ Yes
2 ☐ No - SKIP to 10d

c. Who made these joint payments with . . . ?

9494

Person No. Name

9496

Person No. Name

d. What was the property tax bill for . . . 's residence(s) in 1992?

Obtain estimate, if necessary.
(Schedule A, line 6)

9498

\$. 00

- X1 ☐ DK
X2 ☐ Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

STATEMENT E

The next few questions are about school enrollment and financing.

- 1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)**

9610

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item C1, page 64

- 2. At what level or grade was . . . enrolled? (If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)**

9612

- 1 ☐ Elementary grades 1–8
2 ☐ High school grades 9–12
3 ☐ College year 1
4 ☐ College year 2
5 ☐ College year 3
6 ☐ College year 4
7 ☐ College year 5
8 ☐ College year 6+
9 ☐ Vocational school
10 ☐ Technical school
11 ☐ Business school
12 ☐ Other or DK

CHECK ITEM T21

Was . . . enrolled in elementary or high school?

9614

- 1 ☐ Yes
2 ☐ No – SKIP to 4

- 3. Was . . . enrolled in a public school? (Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)**

9616

- 1 ☐ Yes – SKIP to Check Item C1, page 64
2 ☐ No

- 4. During the past 12 months –**

- a. What was the total cost of . . . 's tuition and fees?**

9618

\$. 00
x3 ☐ None
x1 ☐ DK

- b. What was the total cost of . . . 's books and supplies?**

9620

\$. 00
x3 ☐ None
x1 ☐ DK

- c. Did . . . live away from home while attending school?**

9622

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

- d. What was the total cost for room and board while away at school?**

9624

\$. 00
x3 ☐ None
x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING (Continued)

5a. Please look at card EE in your pamphlet and tell me if . . . received any of these types of educational assistance during the past 12 months? Anything else?	9626 X3 <input type="checkbox"/> None – <i>SKIP to</i> <i>Check</i> <i>Item C1</i>	5b. How much did . . . receive?
(1) The GI Bill?	9628 1 <input type="checkbox"/> Received	9630 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)	9632 1 <input type="checkbox"/> Received	9634 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(3) College Work Study Program?	9636 1 <input type="checkbox"/> Received	9638 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(4) A Pell Grant?	9640 1 <input type="checkbox"/> Received	9642 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(5) A Supplemental Educational Opportunity Grant (SEOG)?	9644 1 <input type="checkbox"/> Received	9646 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(6) A National Direct Student Loan (NDSL) (or Perkins Loan)?	9648 1 <input type="checkbox"/> Received	9650 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(7) A Stafford Loan or Guaranteed Student Loan (GSL)?	9652 1 <input type="checkbox"/> Received	9654 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(8) A Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)?	9656 1 <input type="checkbox"/> Received	9658 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(9) Assistance from . . .'s employer?	9660 1 <input type="checkbox"/> Received	9662 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(10) A fellowship or scholarship?	9664 1 <input type="checkbox"/> Received	9666 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(11) A tuition reduction?	9668 1 <input type="checkbox"/> Received	9670 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK
(12) Anything else (other than assistance from relatives and friends), including the JTPA Training program, Income Contingent Loan, or anything else?	9672 1 <input type="checkbox"/> Received	9674 \$ <input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK

NOTES